

DISCLOSURE SUMMARY PAGE

FORM DR-2 (Rev. 01/98)	DISCLOSURE REPORT
For Office Use Only	
Comm. # _____	
Indexed _____	
Audited _____	
Computer _____	

COMMITTEE NAME (Must be same as on Statement of Organization) **LINDA LANGSTON FOR SUPERVISOR** 2002 MAY 20 PM 2:00
 IMPORTANT: Indicate type of committee you are reporting for: **4** LINN COUNTY IOWA
 (1) Statewide/Legislative Candidate (2) Statewide PAC (3) State Party (4) County/Local Candidate
 (5) County PAC (6) Ballot Issue/Franchise Committee (7) County/City Central Committee
 (8) Support Slate of Candidates

SIGNATURE OF TREASURER (or person filing this report) James J. Sien TELEPHONE 364-0171

DATE SIGNED 5/20/02

Routine Penalties Due For Late Filed Reports Range from \$20 to \$800

SEE INSTRUCTIONS ON BACK AND COMPLETE THE FOLLOWING SENTENCE:

I AM FILING A MAY 20, 2002 REPORT FOR AN (1) ELECTION / ~~(2) NON-ELECTION~~ YEAR.
 (report date) Indicate one **1**

☐ CHECK IF AMENDMENT TO REPORT DATED MAY 21 2002

☐ Check if this is final (termination) report and attach Notice of Dissolution Form DR-3.
 (You must continue to file reports until a Notice of Dissolution is filed.)

Local Committees, enter Date of Election _____

County & Local Committees, enter County in which Election is held LINN COUNTY

STATEMENT OF CASH ON HAND

CASH ON HAND at the beginning of the reporting period. (This is the total of all monies held by the committee. This amount **MUST** be the same as the cash on hand at the end of the last reporting period, or must be zero if this is first report filed.)

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) _____
 Schedule F: Loans Received total (Attach Schedule F) _____
 Schedule H: Total Sales of Campaign Property (Attach Schedule H) _____

(Schedule H applies to Candidates' Committees Only)

SUB-TOTAL.....\$

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B) _____
 Schedule F: Loan Repayments total (Attach Schedule F) _____

CASH ON HAND at the end of this reporting period (if final report, balance must be zero) (Attach DR-3)

UNPAID BILLS (From Schedule D - Attach Schedule D) _____
 IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E) _____
 OUTSTANDING LOANS (From Schedule F - Attach Schedule F) _____

CANDIDATE COMMITTEES ONLY:

CONSULTANT BREAKDOWN (Schedule G Attached?) _____

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H) _____

YES ☒ NO ☐

\$

For Instructions, See Back of Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 06/97)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

LINDA LANGSTON FOR SUPERVISOR

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

CAUTION: Section 68B.32A(6), Iowa Code, prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND-RAISER INCOME
1/23/02	ID# CK#	ELIZABETH G. SLAPPEY 190 COTTAGE GROVE AVE SE #112 CEDAR RAPIDS, IA 52403		\$ 100.00	
1/18/02	ID# CK#	LAURA M. DERR 2000 BLAKE BLVD. SE. CEDAR RAPIDS, IA 52403		50.00	
2/2/02	ID# CK#	MARION J. PATTERSON 1511 30TH ST. S.E. CEDAR RAPIDS, IA 52403		40.00	
2/4/02	ID# CK#	ORTHA R. HARSTAD 2115 1ST AVE S.E. APT 3324 CEDAR RAPIDS, IA 52402		500.00	
2/17/02	ID# CK#	KATHLEEN HALLORAN 210-1 NW GEORGETOWN BLVD ANKENY, IA 50021		100.00	
2/25/02	ID# CK#	THOMAS L. ALLEN 245 23RD ST. DR. S.E. CEDAR RAPIDS, IA		100.00	
3/7/02	ID# CK#	HERMAN GINSBERG 3618 CLARK RD. SE. CEDAR RAPIDS, IA 52403		100.00	
3/8/02	ID# CK#	DIANE HANDLER 4330 COTTAGE GROVE PKY S.E. CEDAR RAPIDS, IA 52403		50.00	
4/2/02	ID# CK#	MARSHA BECKELMAN 359 PLEASANT DR SE CEDAR RAPIDS, IA 52403		50.00	
4/3/02	ID# CK#	JOHN M. ELY JR. 203 23 ST N.E. CEDAR RAPIDS, IA 52402		100.00	
SUB-TOTAL				\$ 1,190.00	
TOTAL (if last page of this schedule)				\$	

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For Instructions, See Back of Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 06/97)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

LINDA LANGSTON FOR SUPERVISOR

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4/3/02	ID# CK#	GANESH N. BANPAT 820 17TH ST. SE. CEDAR RAPIDS, IA 52403		\$ 250.00	
4/9/02	ID# CK#	JOHN M. SMITH 2302 HILLCREST DR. S.E. CEDAR RAPIDS, IA 52403		100.00	
4/12/02	ID# CK#	JEAN E. OXLEY 2266 OXLEY ROAD MANTON, IA 52302		50.00	
4/10/02	ID# CK#	KATHY ENO 365 ABBOTSFORD ROAD S.E. CEDAR RAPIDS, IA 52403		50.00	
4/9/02	ID# CK#	JANE H. LEHMKUHL 3704 ANTELOPE CT. N.E. CEDAR RAPIDS, IA 52402		100.00	
4/11/02	ID# CK#	HAROLD BECKER 230 GUARANTY BLDG CEDAR RAPIDS, IA 52401		100.00	
4/8/02	ID# CK#	KATHLEEN KLEIMAN 3602 REVER REDGE COURT N.E. CEDAR RAPIDS, IA 52402		50.00	
4/8/02	ID# CK#	LILLIAN L. MCGRAW 1221 ROBINWOOD LN. N.E. CEDAR RAPIDS, IA 52402		250.00	
4/7/02	ID# CK#	HELEN B. ARNOLD-OLSON 3840 BEVER AVENUE S.E. CEDAR RAPIDS, IA		100.00	
4/6/02	ID# CK#	ARVIND DANDEKAR 2731 28TH AVE MANTON, IA 52302		100.00	
SUB-TOTAL				\$ 1,150.00	
TOTAL (if last page of this schedule)				\$	

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For Instructions, See Back of Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 06/97)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

LINDA LANGSTON FOR SUPERVISOR

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

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DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND- RAISER INCOME
4/12/02	ID# CK#	BEVERLY REDFORD 445 HILLVIEW DR. MARION, IA 52302		\$ 100.00	
4/15/02	ID# CK#	STEPHEN B. JACKSON 144 GUILDFORD S.E. CEDAR RAPIDS, IA 52403		100.00	
4/14/02	ID# CK#	KRISTINE A. DAVIS 3758 NORTHWOOD DR. N.E. CEDAR RAPIDS, IA 52402		100.00	
4/13/02	ID# CK#	A.Y. McDONALD 2741 IOWA AVE. S.E. CEDAR RAPIDS, IA 52403		100.00	
4/14/02	ID# CK#	JAMES E. HUFFMAN 325 INNES WAY S.E. CEDAR RAPIDS, IA 52403		250.00	
4/17/02	ID# CK#	RICHARD B. WOODWARD 3041 CIRCLE HILL COURT N.E. CEDAR RAPIDS, IA 52402		250.00	
4/16/02	ID# CK#	WILLIAM P. WIPPLE, TRUSTEE FOR ✓ WILLIAM P. WIPPLE REVOCABLE INTER VIVOS 1224 13TH ST. N.W. CEDAR RAPIDS, IA 52405		100.00	
4/12/02	ID# CK#	ANITA C. TERPSTRA 2022 WALNUT CT. S.E. CEDAR RAPIDS, IA 52403		100.00	
4/17/02	ID# CK#	JAMES W. TURNER 18 SQUAW RIDGE Rd. MARION, IA 52302		100.00	
4/18/02	ID# CK#	SCOTT MCINTYRE, JR. 118 2ND AVE S.E. CEDAR RAPIDS, IA 52407		200.00	
SUB-TOTAL				\$ 1400.00 ✓	
TOTAL (if last page of this schedule)				\$	

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CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 06/97)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

LINDA LANGSTON FOR SUPERVISOR

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4/19/02	ID# CK#	BARBARA A. KNAPP 307 CRESCENT ST. SE. CEDAR RAPIDS, IA 52403		\$ 50.00	
4/19/02	ID# CK#	WILFORD H. STONE P.O. BOX 2457 CEDAR RAPIDS, IA 52406		100.00	
4/18/02	ID# CK#	KEITH L. FLETCHER 4290 COTTAGE GROVE PKY SE. CEDAR RAPIDS, IA 52403		100.00	
4/22/02	ID# CK#	JAMES L. SINES 4241 SUNLAND CT. SE. CEDAR RAPIDS, IA 52403		100.00	
4/18/02	ID# CK#	LAURIE J. HITTENMILLER 7810 THORNDALE DR. NE CEDAR RAPIDS, IA 52402		50.00	
4/20/02	ID# CK#	AMY JOHNSON BOYLE 365 PARK TERRACE S.E. CEDAR RAPIDS, IA 52403		50.00	
4/19/02	ID# CK#	JOYCE A. FIRZLAFF 637 OLIVE DR. N.W. CEDAR RAPIDS, IA 52405		100.00	
4/21/02	ID# CK#	KATHY KILBOURN 2003 GLENWAY DR S.E. CEDAR RAPIDS, IA 52403		50.00	
4/20/02	ID# CK#	NANCY YORK 785 W. MAIN ST. ROBINS, IA 52328		35.00	
4/20/02	ID# CK#	LARRY THORSON 2219 DAVID CT. N.E. CEDAR RAPIDS, IA 52402		100.00	
SUB-TOTAL				\$ 735.00	
TOTAL (if last page of this schedule)				\$	

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CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 06/97)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

LINDA LANGSTON FOR SUPERVISOR

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4/20/02	ID# CK#	CARROLL J. REASONER 2483 GRANDE AVE. SE. CEDAR RAPIDS, IA 52403		\$ 50.00	
4/22/02	ID# CK#	KATRINA J. GARNER 800 1ST ST. W MOUNT VERNON, IA 52314		100.00	
4/22/02	ID# CK#	KORY KAZIMOUN 2041 FOREST DR. S.E. CEDAR RAPIDS, IA 52403		50.00	
4/23/02	ID# CK#	PAUL D. RHINES 2300 HILLCREST DR. S.E. CEDAR RAPIDS, IA 52403		100.00	
4/26/02	ID# CK#	SIGRID S. REYNOLDS 2135 COUNTRY CLUB PKY SE. CEDAR RAPIDS, IA		100.00	
4/24/02	ID# CK#	LU BANTA BARNON 2000 LINDEN DR. S.E. CEDAR RAPIDS, IA 52403		100.00	
4/24/02	ID# CK#	ROBERT R. RUSH 4347 EAGLEMERE COURT S.E. CEDAR RAPIDS, IA 52403		100.00	
4/24/02	ID# CK#	ALICE J. ANDERSON 424 RED FOX Rd. SE. CEDAR RAPIDS, IA 52403		50.00	
4/30/02	ID# CK#	LAUREL MERRICK 4240 SUNLAND CT. S.E. CEDAR RAPIDS, IA 52403		100.00	
4/29/02	ID# CK#	JAMES F. KERN 349 GREEN VALLEY TERRACE SE CEDAR RAPIDS, IA 52403		50.00	

SUB-TOTAL

\$ 800.00

TOTAL (if last page of this
schedule)

\$

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Page 5 of 8
(for Schedule A)

For Instructions, See Back of Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 06/97)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

LINDA LANGSTON FOR SUPERVISOR

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4/27/02	ID# CK#	TERESA A. BREHENY 3339 RIVERBEND DR. N.E. C.R., IA 52411		\$ 50.00	
4/29/02	ID# CK#	CYNTHIA A. WHITE JOHNSON 3575 REDROCK DR. N.E. C.R., IA 52402		100.00	
4/29/02	ID# CK#	MRS. RUSSELL F. KNAPP 1224 THIRTEENTH ST. N.W. C.R., IA 52405		300.00	
5/1/02	ID# CK#	MARTIN PATTERSON 1511 30TH ST S.E. CEDAR RAPIDS, IA 52403		30.00	
4/30/02	ID# CK#	JANIS L. KAZIMOUR 321 NASSAU DR. S.E. C.R., IA 52403		150.00	
5/1/02	ID# CK#	MARGARET M. WHITWORTH 2402 D AVENUE N.E. C.R., IA 52402		100.00	
5/1/02	ID# CK#	PHILIP A. NICKERSON 821 CAMBURN CT. S.E. CR, IA 52403		50.00	
5/1/02	ID# CK#	PETER H. JAYNES 4641 ASPEN LANE N.E. C.R., IA		50.00	
5/1/02	ID# CK#	A.Y. McDONALD 2741 IOWA AVE S.E. C.R. IA 52403		100.00	
5/1/02	ID# CK#	ALFRED A. ROGERS 327 30TH ST S.E. C.R., IA 52403		40.00	

SUB-TOTAL

\$ 970.00 ✓

TOTAL (if last page of this
schedule)

\$

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Page 6 of 8
(for Schedule A)

For Instructions, See Back of Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 06/97)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

LINDA LANGSTON FOR SUPERVISOR

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5/1/02	ID# CK#	STEVEN J. OVEL 2259 WASHINGTON AVE C.R., IA 52403		\$ 50.00	
5/1/02	ID# CK#	DENNIS W. GREEN 2432 TOWNE HOUSE DR. N.E. C.R., IA 52402		50.00	
5/2/02	ID# CK#	BETH B. BLAKESLEE 130 THOMPSON DR. SE UNIT 114 C.R., IA 52403		100.00	
5/1/02	ID# CK#	SUE L. HAWN 2322 C AVE. N.E. C.R., IA 52402		50.00	
5/1/02	ID# CK#	JOHN M. BECKEL 2305 HILLCREST DRIVE S.E. C.R., IA 52403		100.00	
5/2/02	ID# CK#	MARGARET S. SMITH 1024 MAPLEWOOD PA. N.E. C.R., IA 52402		50.00	
5/2/02	ID# CK#	LYNN DENNIS 3884 NORTHFORK DR. S.E. C.R., IA 52403		100.00	
5/2/02	ID# CK#	BEVERLY B. GALES 2132 COTTAGE GROVE MDWS S.E. C.R., IA 52403		100.00	
5/3/02	ID# CK#	JUDITH A. WHETSTONE 4347 EAGLEMERE CT. S.E. C.R., IA 52403		100.00	
5/5/02	ID# CK#	CHERYLE WATTS MITVALSKY 352 PARK TERRACE S.E. C.R., IA 52403		100.00	

SUB-TOTAL

\$ 800.00

TOTAL (if last page of this
schedule)

\$

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Page 7 of 8
(for Schedule A)

For Instructions, See Back of Form

CONTRIBUTIONS – MONEY TAKEN IN
(Including candidate's personal funds)

SCHEDULE A (Rev. 06/97)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)
LINDA LANGSTON FOR SUPERVISOR

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5/7/02	ID# CK#	JAMES L. LAMB 2835 SILVER OAK TRL. MAHEON, IA 52302		\$ 100.00	
5/3/02	ID# CK#	AUDREY G. ANDERSON KEU TRUST P.O. BOX 1458 MINNEAPOLIS, MN 55479		100.00	
5/7/02	ID# CK#	JADE D. HART 2325 HILLCREST DR. S.E. C.R., IA 52403		50.00	
5/5/02	ID# CK#	DIANE T. STEWART 3735 ROGERS RD. N.W. C.R., IA 52405		50.00	
5/9/02	ID# CK#	STEVEN L. GENSBERG 219 2ND AVE S.E. C.R., IA 52401		50.00	
5/8/02	ID# CK#	KATHLEEN JUBA WILSON 605 27TH ST. N.E. C.R., IA 52402		50.00	
RECEIVED 4/7/02 5/14/02	ID# CK#	UNITEMIZED CONTRIBUTIONS DURING PERIOD		620.00	
	ID# CK#				
	ID# CK#				
	ID# CK#				

SUB-TOTAL \$1020.00
TOTAL (if last page of this schedule) \$8,065.00

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FOR INSTRUCTIONS, SEE BACK OF FORM

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 09/97)	MONETARY EXPENDITURES
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

LINDA LANGSTON FOR SUPERVISOR

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
4/5/02	ID# CK 1001 CK#	MARKETING AND COMMUNICATION STRATEGIES 2218 FIRST AVE N.E. C.R. IA 52402	DESIGN, LAYOUT OF LETTERHEAD, COLLECTION ENVELOPES, 4X60 SIGNS RUBBER STAMP. PRODUCE RUBBER STAMP	\$ 584.33
4/12/02	ID# CK 1002 CK#	INFORMATICS CORPORATE CENTER EAST 2750 FIRST AVENUE N.E. SUITE 200 CEDAR RAPIDS, IA 52402	DEVELOPMENT OF WEBSITE FOR LINDA LANGSTON FOR SUPERVISOR CAMPAIGN, HOSTING SITE	500.00
5/7/02	ID# CK 1003 CK#	STEADMAN GRAPHICS 817 FIFTH ST. S.E. C.R. IA 52401	1000 COWBOY INSERTS	180.20
5/7/02	ID# CK#	MARKETING AND COMMUNICATION STRATEGIES 2218 FIRST AVE N.E. CEDAR RAPIDS, IA 52402	DESIGN AND PRINT 550 PLASTIC WINDOW CAMPAIGN CLINGS	787.90
4/30/02	ID# CK#	US BANK P.O. BOX 1800 ST. PAUL, MN 55101	BANK CHARGES	5.25
	ID# CK#			
	ID# CK#			
	ID# CK#			

SUB-TOTAL \$ 2,057.68
TOTAL (if last page of this schedule) \$ 2,057.68

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 56.6(3)(i).)

COMMITTEE NAME (Must be same as on Statement of Organization)

LINDA LANGSTON FOR SUPERVISOR

NOTE: Debts previously reported that remain unpaid must be included on this Schedule, as well as any new obligations incurred in this period.

DEBTS/OBLIGATIONS REMAINING THIS REPORTING PERIOD
(DO NOT INCLUDE LOANS - SHOW LOANS ON SCHEDULE F)

SCHEDULE D (Rev. 08/98)	INCURRED INDEBTEDNESS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

An "incurred debt" is a debt for goods or services ordered or received, but not paid for by the end of the reporting period., regardless of whether an invoice has been received.

DATE INCURRED (MM/DD/YY)	NAME AND ADDRESS OF PERSON TO WHOM DEBT OR OBLIGATION IS OWED	DESCRIPTION OF GOODS OR SERVICES PROVIDED OR PURCHASED	BALANCE OWED AT CLOSE OF REPORTING PERIOD*
4/18/02	MARKETING AND COMMUNICATION STRATEGIES 2218 FIRST AVE N.E. CEDAR RAPIDS, IA 52402	PRINTING LETTERHEAD, REMITTANCE ENVELOPES YARD SIGNS AND PROVIDE WIRES FOR YARD SIGNS	\$ 5,381.51
3/20/02	MARKETING AND COMMUNICATION STRATEGIES 2218 FIRST AVE N.E. CEDAR RAPIDS, IA 52402	SKETCHING, DESIGNING AND REVISING LOGO	1,175.00
3/11/02	LINDA LANGSTON 4257 SUNLAND CT S.E. C.R., IA 52403	PAID FOR PHOTO SESSION FOR PORTRAIT AT ILLUSTRATIONS FINE PORTRAITURE 1221 1ST AVE S.E. CR, IA	81.00
4/2/02	LINDA LANGSTON 4257 SUNLAND CT. S.E. C.R., IA 52403	PAID FOR VOTER INFORMATION DESKS	78.04
4/9/02	INFORMATICS CORPORATE CENTER EAST 2750 1ST AVE N.E. C.R., IA 52402	BALANCE \$1,000 OF WEBSITE SETUP FEE PLUS \$50 FEE AND \$50 MONTHLY FEE	1,100.00
5/1/02	LINDA LANGSTON 4257 SUNLAND CT. S.E. C.R., IA 52403	PAID FOR ANNOUNCEMENT PARTY SUPPLIES, CUPS, PLATES, NAPKINS, FOOD AND DRINK CHEESE, PRETZELS, WINE & BEER	148.49
SUB-TOTAL			\$ 7,964.04
TOTAL DEBTS OWED BY COMMITTEE AT THE END OF THIS REPORTING PERIOD			\$ 7,964.04

*If actual figure is unknown, show "estimated" beside the figure.

Page 1 of 1
(for Schedule D)

CANDIDATE COMMITTEES NOTE:

*Incurred indebtedness also includes each person/entity with whom the candidate's committee has entered into a contract during the reporting period for future or continuing performance. Enter the name of the consultant who provides or procures services for items such as advertising, fund-raising, polling, managing, or organizing services. Report on Schedule G the nature of performance and the estimated performance reasonably expected of the consultant.

FOR INSTRUCTIONS, SEE BACK OF FORM

COMMITTEE NAME (Must be same as on Statement of Organization)

LINDA LANGSTON FOR SUPERVISOR

NOTE: This schedule reports money loaned to the committee which is deposited in the committee account.

TOTAL UNPAID LOANS FROM LAST REPORTING PERIOD \$ 0

SCHEDULE F (Rev. 08/96)	LOANS RECEIVED & REPAID
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

PART I - MONETARY LOANS RECEIVED THIS REPORTING PERIOD

(Original source of loan, such as a bank, must be shown if a third party is involved. Include loans from candidate's personal funds.)

DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	RELATIONSHIP TO CANDIDATE (If Applicable*)	AMOUNT OF LOAN
2/6/02	LINDA LANGSTON 4257 SUNLAND CT. S.E. CEOLA, RAPIDS, IA 52403	CANDIDATE	\$ 2000

TOTAL (PART I) \$ 2000.00

PART II - MONETARY LOAN REPAYMENTS MADE THIS REPORTING PERIOD

(Loans forgiven must be reported on Schedule E -- In-kind Contributions.)

DATE PAID (MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	RELATIONSHIP TO CANDIDATE* (If Applicable)	AMOUNT REPAID
			\$ 0

TOTAL CASH REPAYMENTS (PART II) \$ 0

From Schedule E -- TOTAL LOANS FORGIVEN \$ 0

TOTAL OUTSTANDING LOANS END OF REPORT PERIOD \$ 2,000.00

*Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). (See Page 2 of forms packet.) If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column when it applies.

FOR INSTRUCTIONS, SEE BACK OF FORM

COMMITTEE NAME (Must be same as on Statement of Organization)

LINDA LANGSTON FOR SUPERVISOR

Read Form

SCHEDULE E (Rev. 06/97)	IN KIND CONTRIBUTIONS
<input checked="" type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE * (if applicable)	DESCRIPTION OF IN KIND CONTRIBUTION	ESTIMATED FAIR MARKET VALUE	✓ IF FOR FUND-RAISER CONTRIBUTION
5/2/02	RED CEDAR CHAMBER		\$150.00	\$150.00	<input type="checkbox"/>
5/2/02	LINDA LANGSTON		\$5.00 FOR SCIENCE CENTER RENTAL	\$5.00	<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>

SUB-TOTAL \$155.00

TOTAL (If last
page of this
schedule) \$155.00

*Disclosure law requires candidates to disclose the relationship of any relative making an in kind contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). (See Page 2 of forms packet.) If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 1 of 1
(for Schedule E)